



USAID | **BANGLADESH**
FROM THE AMERICAN PEOPLE

SMILING SUN FRANCHISE PROGRAM

**ANNUAL PROGRESS REPORT
OCTOBER 1, 2009 – SEPTEMBER 30, 2010**

October 2010

This publication was produced for review by the United States Agency for International Development. It was prepared by Chemonics International.

CONTENTS

Acronyms i

Executive Summary iii

 Accomplishments 1

 Program Outcome -1 1

 Program Outcome -2 6

 Program Outcome -3 11

 Operations and Administration 14

 Cross cutting issues 15

 Annex-A, NGO Trainings A-1

 Annex-B, Clinical Trainings B-1

 Annex-C, Program Indicators C-1

ACRONYMS

ARI	Acute Respiratory Tract Infection
BCC	Behavior Change Communications
BRAC	Bangladesh Rural Advancement Committee
BTL	Bilateral Tubal Ligation
CA	Collaborative Agency
CDD	Control of Diarrheal Disease
CHT	Chittagong Hill Tract
CLQC	Clinical Quality Council
CSP	Community Service Provider
CSR	Corporate Social Responsibility
DGFP	Directorate General Family Planning
DOTS	Directly observed treatment short course
DSF	Demand Side Financing
EQA	External Quality Assessment
EPI	Expanded Program of Immunization
EMOC	Emergency obstetric care
FAM	Finance and Administrative Manager
FHI	Family Health International
FP	Family planning
FMO	Franchise management organization
GAVI	Global Alliance for Vaccines and Immunization
GFTAM	Global Fund for Tuberculosis, AIDS and Malaria
GHI	Global Health Initiative
GIS	Geographic Information System
GTZ	German international cooperation enterprise
IMCI	Integrated Management of Childhood Illnesses
IQS	Indefinite Quantity Subcontract
IUD	Intrauterine contraceptive device
KAFCO	Karnafuli Fertilizer Company Ltd.
LAPM	Long Acting and Permanent Methods
HPNSSP	Health Population & Nutrition Sector Strategic Plan
MSA	Management Service Agency
MIS	Management information system
MO	Monitoring Officer
MOHFW	Ministry of Health and Family Welfare
NGO	Nongovernmental organization
NSV	No scalpel vasectomy
NTP	National Tuberculosis Program
PAC	Post abortion care
PD	Project director
PDSA	Plan-Do-Study-Act
PNC	Postnatal care
QMS	Quality Monitoring System
RH	Reproductive health
RFA	Request for applications
RDF	Revolving Drug Fund
RFP	Request for proposals

RTI	Reproductive tract infection
SSFP	Smiling Sun Franchise Program
SMS	Short Messaging System
STI	Sexually transmitted infection
TB	Tuberculosis
TNA	Training Need Assessment
TOT	Training of Trainers
USG	U.S. government

EXECUTIVE SUMMARY

In year 3, SSFP continued to achieve success in terms of service delivery statistics, increased efficiency in the network, innovations, and quality improvement. The focus on some special initiatives yielded some interesting lesson learned and results (see text box). In addition, we continued to strengthen interventions that were proven successful in previous project years, such as issues around transparency and gender balance ---the latter reflected in a more balanced permanent methods mix; this year, vasectomies delivered surpassed the number of tubal ligations offered.

Examples of Lessons Learned

- Web-based NGO business planning process
- Revised pricing strategy
- Performance-based quality incentives for ANC services.

In keeping with our double bottom line approach of increasing sustainability while reaching more poor clients, this year 31% of those served were poor, which is higher than the end-of-project target. Cost recovery was 41% for the network. This has been possible through innovative approaches in establishing alliances with strategic partners and implementing performance based incentives that have increased the uptake in services that were previously underutilized such as safe motherhood and child health services.

In terms of service expansion, SSFP opened three clinics in the Chittagong Hill Tracts (CHT) region, and expanded the number of Ultra clinics capable of providing emergency obstetrical care (EMOC) to increase access to safe motherhood for poor women in Bangladesh. At the same time, SSFP ensured uniform look and layout in almost all clinics, which not only improved the brand image, but also established a consistent visual identity that is becoming synonym of good quality care. The brand image and sustained quality encouraged private sector companies like CEMEX Cement, KAFCO and Chevron to invest more in Smiling Sun clinics by providing construction or operational support.

SSFP continued strengthening its quality improvement system. SSFP is now using its website to publish quality scores of all clinics so that project directors and clinic managers can see how their clinic is doing in comparison to others, and how are they ranked. SSFP believes that this effort in increasing transparency and public attention to the concept of quality of care that will result in continued bigger improvements in this area.

SSFP also strengthened its relationship with the government of Bangladesh, by convening the Program Advisory Committee (PAC) and Tripartite Review (TPR) meetings. In year three, SSFP organized total 40 meetings with government officials to identify areas of potential development and future collaboration.

The performance of Smiling Sun clinics in immunization and family planning programs was publicly acknowledged by the Government, as one partnering NGO received the GAVI Award and three more the Population Day Award for successfully carrying out the programs at the national and regional levels.

In summary, during the third year of the project, SSFP made sound strides in advancing a model for delivering sustainable, good quality, client centered services that are affordable by vast segments of the population, including the poor,. To this

end, SSFP is complementing the government structure and helping GoB achieve their social and health goals.

SECTION I: ACCOMPLISHMENTS

Performance Outcome 1: Smiling Sun Franchise network is in place and a local Franchise Manager organization is competently managing the franchise operation.

i. Strengthening franchise management

Developing strong organizational capacity is essential for SSFP to succeed. In the year 3, most of SSFP's activities were focused on strengthening the network, governing bodies and consolidating relationships with NGOs, the GoB and other stakeholders. As such, SSFP continued to involve partnering NGOs, and other relevant stakeholders in key decisions.

FMO organizational development. The development of the FMO, institutionalization of franchising and participatory management continued with policies, strengthening policy, structures, capacity building, and governing bodies. During this period, SSFP hired a managing director who will assume greater day to day involvement in franchise management. SSFP also continued creating capacity at the project core, expecting that the FMO will emerge from the program and will be able to run as an independent organization. This process of organizational capacity building has been closely supported by technical assistance from project partners and the Chemonics home office. Program staff have participated in clinic and NGO business planning, FMO business plan development, and approval of fund release. FMO and NGO staff worked together to identify opportunities for resource mobilization and utilization and approached potential local donors to ensure community involvement and support.

ii. FMO business plan

Revising the existing plan. The existing FMO business plan has been updated based on last years' progress including network expansion, service delivery, partnership, process/system improvement, public health issues and was developed having in mind USAID's health strategy and GHI principles, and in alignment with the HPNSSP.

FMO systems. SSFP continued developing the structure and systems that will allow the franchise structure to continue providing services to network affiliates at the end of the project. Quality, branding –including clinic look- and service promotion and periodic financial and programmatic review and monitoring are integral part of the FMO system. During this period, SSFP worked on revising its training program, monitoring project performance, pricing methodologies and continued periodic monitoring of clinic and NGO business plans.

Assess current performance of established systems and interventions. SSFP conducted an evaluation of its training programs, which are an essential component of technical sustainability. Training programs included in this effort are clinic management and operation, and finance, procurement, inventory and logistics management. Three teams from SSFP conducted the evaluation by interviewing trainees from 11 NGOs and their clinics. This evaluation helped to assess the level of knowledge and utilization of training concepts. Based on the evaluation findings, the certain parts of the training curriculum and methodology were redesigned.

Empirically driven improvement. SSFP conducted six research activities during the reporting period. The studies have facilitated the partnership with H&M for providing health services to the garments workers in 3 factories. Results have also been used to design marketing and promotional activities for attracting lapsed customers, monitoring and managing customer satisfaction, and implementing a new price list.

SSFP Year 3 Research Activities

- Survey on garment workers health preferences
- Evaluation of training effectiveness of the program and financial management
- Customer satisfaction assessment
- Clinic patient flow analysis
- Pricing study of health services
- ANC and PNC incentive plan, and customer referrals

Systems Strengthening. Lessons learned during the training assessment have been incorporated into existing tools and management processes. Chemonics home office provided technical assistance in the areas of program operation and FMO business planning, and program communication. During this year SSFP received short term technical assistance for brand promotion from Howard Delafield International, and FMO business planning technical assistance from Sibley International.

Processes documentation. SSFP policies and procedures in key areas (i.e. Human resources and property management) have been revised, documented and implemented as planned.

Finalize Manuals. By the end of the year 3, SSFP finalized a total of 22 manuals and guidelines. These manuals are supporting the standardizing procedures and helping to improve smiling sun clinics' operational efficiency. They are available from the SSFP website. In addition to being available via download, they have been printed and distributed among the clinics and partner NGOs.

Business planning tools. SSFP has revised the business planning database and narratives to make it easier to use the business plan as a management tool and to facilitate the plans implementation, follow up, and progress. The interactive database has some additional features, and it is more user-friendly than the previous versions.

SSFP collects information on monthly performance through the Monthly Business Plan Performance Review Tool to follow activities, including projected vs. actual program income, RDF sales, planned promotional and marketing activities, and MCP-related policy compliance.

iii. FMO business plan structure and development

Business operations. SSFP has been working to develop the capacity of the NGOs, and provided adequate resources to ensure that clinics have the managerial capacity in place and the financial resource that ensure an efficient and sustainable operation. This capacity to support network management at all levels has been built in different areas of SSFP, just as planned, and they are ready for effective transfer to the FMO.

iv. Strengthening governing bodies

Building on three years of experience of interaction with NGOs and recognizing members of the civil society, SSFP continued with these guiding partnership principles.

Program Advisory Committee (PAC). During this year, SSFP continued receiving strategic guidance from relevant stakeholders, a The Program Advisory Committee (PAC) meeting was held on June 17, 2010, with participation from senior government officials, including the Ministry of Health and Family Welfare, Directorate General of Health and Directorate General of Family Planning. The meeting reviewed SSFP's performance and provided suggestions to be incorporated in the final year's work plan.

Other Governing Bodies. SSFP convened four meetings with the Membership Council, and one meeting with the Board of Directors of SSHS. In these meetings, SSFP provided and update on project performance and discussed potential areas for improvement in services to the poor, family planning –particularly LAPM-, program sustainability, quality of care and expansion of services.

v. Strengthening quality of care

Quality Council. The CQC has been in operation for almost three years and is a mainstay of the SSFP quality approach. All NGO Monitoring Officers or their representatives participate in the council meetings. This year SSFP has expanded participation to some project directors and program managers. CQC participants received clinical trainings to reinforce their knowledge in LAPM, IMCI, maternal health, neonatal health, safe delivery, emergency obstetric care (EmOC) and the QMS database. SSFP is increasingly utilizing the CQC as a quality platform. In the last two CQCs, with the support of the GoB, ICDDRDB and JICA have shared with SSFP staff interesting and innovative approaches to continuous quality improvement, from which new ideas can be drawn into SSFP.

Fostering a culture of quality of care. Sustaining quality of care has been a key factor behind the customers' confidence on Smiling Sun services. Moreover, the quality assurance system that SSFP has developed is one of the legacies or products that can be passed on the follow-on activity or project. In this reporting period, existing QMS tools were revised with a view to make them more user-friendly; for instance, instead of managing a composite, complex indicator, SSFP is tracking 20 major indicators, therefore providers can focus their attention where improvement is required. Self-assessment tools and clinic preparedness guides were developed and included in the quality management system. The purpose of these guides is to help service providers in self-assessing the quality of services rendered, which is aligned with the idea of providing tools and empower front liners to improve quality output by themselves; a principle that was originally introduced in year one when SSFP launched clinic level quality circles.

As part of the overall improvement of quality systems, with technical assistance support, SSFP completely redesign its quality management system by introducing three dimensions for quality observation and control; these dimensions were services input, processes and health and services output. This approach allows SSFP to

intervene in specific quality areas whenever needed. As a result, the observation checklist was also modified and then it was tested in the clinics and finally updated to meet program needs around quality improvement.

vi. Smiling sun brand strengthening and program communication

Communication Plan revision and actualization. SSFP reviewed the program communication plan with technical support from Chemonic's Home Office. As a result, SSFP adjusted the existing communication plan, which included a thorough revision of the stakeholder analysis.

SSFP has reviewed and revised the brand and service promotion communication plan with technical assistance from Howard Delafield. Thanks to a colorful display and developing coherent and consistent visual elements, the Smiling Sun brand has become more visible for its audience. As a result of this technical assistance, SSFP developed prototype materials that can be used in future interventions looking to enhance its warm and quality appealing for an audience that are demonstrating that quality matters and that quality perceptions mobilize customers. This activity worked in tandem with other interventions intended to build client traffic and, at the same time, make the Smiling Sun brand name more recognizable and familiar. For more brand recognition, SSFP distributed branded bags, umbrellas and saris to CSPs and clinic staff so that they can represent the brand and serve clients simultaneously. The smiling Sun Brand Manual and co-branding policy has been used in all joint promotional activities.

Communication materials and tools. SSFP gave special attention during this reporting period to the SSFP newsletter and program website.

Four issues of the Surjer Hashi Sangbad newsletter were published. The layout of the newsletter was redesigned to better address stakeholder's communication needs in terms of content and layout. The newsletter is circulated to the GOB, collaborating agencies, USAID implementing partners, NGOs and other stakeholders.

The SSFP website was revamped to add some extra features such as a more interactive content and it was expanded by including in it information about clinics performance and quality achievements.

vii. Program and FMO advocacy and PR

SSFP advocacy activities, aimed to strengthen relations with GoB and current and potential stakeholders, continued at different levels. The purpose of these activities is to strengthen ties with partners while building advocacy and understanding of SSFP.

Multi-level Advocacy with Government. The support from all Government levels is critical (from policy making to activities implementation) to achieve success in the program. During the third year, a total of 40 formal meetings were held with GoB at national and local levels, of which nine were held with district level officials. At the national level, SSFP staff met with different heads of health and family planning departments, the Secretary of the Ministry of Health and family Welfare and the State Minister for CHT Affairs. Several high ranking government officials attended meetings and events organized by SSFP, such as the Program Advisory Committee

(PAC) meeting and Tripartite Review (TPR) meeting organized to identify areas of potential development and future collaboration. The launching of operation in the CHT was attended by the Joint Secretary from the Ministry of CHT Affairs.

Improve collaboration in Service Delivery. The GoB has supported in area allocation, expansion in Chittagong Hill Tracts, and logistics of LAPM and other contraceptives, and expanded program of immunization (EPI) and Vitamin A. The DGFP's Clinical Contraception Service Delivery Program has expressed their interest in improving collaboration in LAPM service delivery and BCC related activities during the fourth year of the project

Smiling Sun clinics vaccinated about 1.64 million children with Oral Polio Vaccine across its network in the two rounds of the 18th National Immunization Day (NID). This coverage is 7.45% of the total children vaccinated in Bangladesh on this NID. The quality of vaccination assessed through the Independent Observers Checklist was found to be of high quality. However, perhaps the most notable achievement in the immunization activities carried out during this year is the coverage achieved in vitamin A; which with almost three million children reached represented 18% of the total children immunized.

Tripartite review. A Tripartite Review Meeting involving representatives from the Government, USAID and the Smiling Sun Franchise Program (SSFP) was held on August 4, 2010. The meeting reviewed the project achievements so far, recommended for key areas needing improvement and gained GoB support for upcoming SSFP activities, in preparation for Year 4 work planning activities.

viii. Media and public relations

SSFP has engaged local media whenever possible, particularly during clinic launchings where the SSFP brand is displayed. SSFP uses electronic and print media were involved along with the local community to raise awareness on health issues and promote Smiling Sun brand.

ix. Capacity Building

Consistent with the build operate and transfer (BOT) approach, SSFP staff has been trained to assume franchisor functions. SSFP conducted refresher trainings on 'Smiling Sun Program Management and Operation' and 'Financial, procurement, inventory and logistics management to enhance the training capacity of the 'Trainer Teams' so that they can organize and facilitate training and orientation sessions with network staff. Project Directors, Project Managers, selected Clinic Managers and Service Promoters from 28 NGOs participated in these refresher training sessions; in which 110 participants attended the Smiling Sun Program Management and Operation and 82 the Financial, procurement, inventory and logistics management sessions. In subsequent phases, new trainers trained and oriented other NGO HQ and clinic staff.

Howard Delafield International trained SSFP staff on brand and service promotion communication and made the necessary adjustments to the existing communication plan.

Clinic managers, service promoters, project directors, project managers and monitoring officers attended a refresher training on brand and service promotion.

To augment these training activities, SSFP introduced a training section in its website. Network staff can now access the site and avail training materials and information.

x. Maintenance of the MIS

System improvement: SSFP continued to refine the MIS system that inherited from the predecessor project. In the third year the MIS team worked to continue to improve data collection as well as data quality by training clinic managers and service providers in accurate data collection and also by developing analysis tools such as service ratios (i.e. between ARI and pneumonia and CDD and zinc treatment). For instance, when using the ARI-pneumonia ratio, it became apparent that one of the two sets of data was not correct as services that had historically exhibited a close association, suddenly started to diverge. To resolve this, SSFP conducted a refresher training of clinic managers that resulted in an improvement in data quality. Equally important, SSFP has piloted an integrated management information system that combined financial and program data which greatly improved data quality, as it allows to crosscheck financial and service statistics results. SSFP will continue expanding the system as tested. During this year SSFP also improved timeliness and information quality of the QMS portion of the overall information system by exerting a close follow up of the information submitted and providing immediate feedback regarding quality, content and timeliness. Results were shared in the CQCs.

Training. SSFP organized a four-day training course on Operating System, Networking, Troubleshooting and MS Access for project directors and MIS Officers. The goal of this training was introduce the participants to designing tables and forms, implementing queries writing SQL, embedding data, managing reports, data transfer (both importing and exporting), and maintaining database security and backups. This training has helped them improve data management system across the network.

Performance Outcome 2: Smiling Sun NGOs and their clinics continue service delivery with a reduction in grant money while continuing to provide quality services to the target population.

i. Increasing network efficiency

Network rationalization. SSFP is always exploring avenues to increase the efficient use of program resources; for instance, after closing out Malancha, its clinics have been assigned to Bamaneh, creating conditions to reduce management related expenses. This was done after a thorough review of the clinic business plan, and its geographical location including the distance from NGO HQs to ensure reasonable and cost-effective clinic monitoring. In addition to this, SSFP also studied a more cost effective ways to manage the network such as developing a regionalized management structure as opposed to the current NGO based one. SSFP postponed the implementation of these new approaches indefinitely.

Pricing policy. SSFP set forth a new pricing strategy for Smiling Sun Clinics made effective last April 01, 2010. This new strategy based on the research conducted by MEASURE Evaluation that outlined prices that can be charged for each service, including bundled services, responding to market needs and conditions. The network now has a pricing structure that establishes a maximum and minimum price range that

responds to market conditions such as clinic location (rural – urban) or competitive environment. It is important to mention that the new pricing strategy is in full alignment with the project's double bottom line approach, as it seeks to balance service expansion, access to the poor and program income objectives and financial sustainability. The poor are enjoying usual discounted prices or when appropriate free services. At the same time it is expected that a higher volume of services would generate more revenues.

ii. Declining grants – investment

Program income plan revision and adjustment. During year 3, the program income plan has been revised to comply with USAID requirement. USAID has approved the Program Income Plan for Year 1, 2 and 3. The program income plan for year 4 is now an integral part of the Year 4 work plan.

Compensation plan revision and adjustment. The Compensation Plan was revised for the network staff (NGOs and clinics) and came into effect February 2010. The revised plan addressed inconsistencies with compensation and benefits for NGO staff. The new plan builds on an approach of positioning the Smiling Sun network as the employer of choice for recent graduates interested in a long-term career option. The 2010 plan also give flexibility to NGO management to revise salary offers based on the performance evaluation of the employees, and sustainability of clinics and NGO.

Grant monitoring internal and external audits. As customary, SSFP's Contracts and Grants team conducted an orientation at the beginning of year 3 on new grant agreements for all Project Directors and FAMs. The objective of the orientation was to provide understanding on agreement clauses, reporting requirements, budget management and utilization and management of program income.

The contracts and grants team continued the practice of conducting a thorough management review of the year 3 NGO grants. NGOs received assistance completing the monthly financial reports with standard reporting and reconciliation format. Follow up of timely submission is the key to effective grants management for a portfolio the size of SSFP's. Immediate follow-up of potential problems is critical to managing a grants portfolio the size of SSFPs. This is made possible through these established tracking systems that are comprehensive yet streamlined. Monthly financial and reconciliation reports (MFRR) for all NGO franchisees have been reviewed up to July, 2010.

Malancha Close out. As a result of a clearly identified breach of contract, and a formal evaluation of Malancha's managerial capacity, SSFP terminated its grant agreement with this NGO. Formal close out procedures were conducted and the grant was effectively closed in February 2010. As part of the close-out, SSFP transferred project assets to Bamaneh. Bamaneh has successfully taken over the management of the Jamalpur and Sherpur clinics. Both clinics continued services to the targeted population with no interruption during the close out process.

Internal and External Audits. Using the IQS mechanism developed and implemented during the second year of the project, SSFP issued work orders to four audit firms to conduct OMB A133 and Financial Audit for 28 NGOs. The Audit has covered the

period from February 01, 2009 to January 31, 2010. The objective of the audit is to ensure proper utilization of resources provided by the USG, to increase NGO capacity in financial management. Based on final audit report, SSFP provided feedback to the NGOs and corrective actions where appropriate.

During year 3, SSFP has conducted financial review for four NGOs by external audit firm. SSFP provided relevant feedback, corrective action and follow up with NGOs to resolve the findings.

Franchise development fund. Based on the business plan submitted during June 2010, SSFP contracts and grants team has developed guidelines for extension of the current agreement to end on September 2010. All 28 NGO partners submitted detailed business plans (both narrative and financial) for the period from October, 2010 to September 30, 2011. However, the grant agreement will be ended on June 2011 to process the grant close out. NGOs will continue operation using program income in last three months of the project.

iii. Service provision to the target population including the poor

Balancing the double bottom line. SSFP conducted a marginal cost analysis. Based on the results from this work, SSFP concluded that the cost for serving one additional poor person is very small compared to total expenditure; therefore, its effect of serving the poorest of the poor who either pay a reduced fee or not fee at all has a negligible effect on the overall sustainability of a clinic or an NGO.

The share of poor clients receiving services hovers around 30%. The coverage of poor has consistently improved during the last six quarters of the project. We believe that this increase is due to several factors, a solid pricing strategy, increased client flow to ensure a wider base for cross subsidization, and establishing pro-poor partnerships with third party payers.

Partnership with the GoB. The Government has provided training on IUD, implants, NSV and BTL. The audience for these training efforts was paramedics and doctors and the aim was to build capacity in the Smiling Sun clinics to provide LAPM. SSFP also trained clinic staff to ensure that all methods, particularly NSV, BTL, and IUD are properly integrated in the clinic counseling sessions, and are made available to those clients that request these methods. During the year, SSFP expanded NSV services from 74 to 104 clinics.

SSFP participated in World Population Day activities by providing leaflets on family planning, and branded caps (with special messages) for rally and event participants at the national programs. Three NGOs partnering with SSFP received the national population prize in a public ceremony led by the President of Bangladesh.

Demand side financing. Currently GoB is implementing the demand side financing scheme (DSF) in 53 Upazilas; SSFP's is involved in 10 of the 53 Upazilas. The GoB in principle has agreed to include SSFP under the program provided SSFP has physical presence in the program areas.

The first meeting of the USAID/Bangladesh Health and Population Program (UBHPP) Steering Committee asked that one representative from SSFP participate in the in the DSF implementation committee, and the DSF technical Committee. SSFP

has started discussions with the GoB regarding the inclusion of Smiling Sun clinics in the expanded DSF program for Maternal Health.

Exploring outsourcing. SSFP submitted a proposal to the MSA -the entity in charge of managing the community clinics initiative- to manage and operate 100 community clinics in the remote and hard to reach areas. The MSA forwarded the proposal to the MOHFW with its recommendation. The GoB is planning to incorporate certain service delivery proposals into their current operation. The MSA in their February 2010 report to the MOHFW recommended that some of the Community Clinics be contracted out to SSFP on a sole source basis. This decision is still pending.

Strategic partnerships. SSFP has invested significant resources in pursuing strategic partnerships to raise additional funds to subsidize current network operations and expand access to SSFP services including the poorest of the poor. Eleven proposals were sent to potential organizations during year 3 and many meetings with potential partners were held.

SSFP has developed an interesting and diverse base of strategic partners that creates space for service expansion, quality improvement and introduction of innovative practices in data and healthcare management. Examples of existing partners are as follows:

FrontlineSMS, an open-source software company based in California, and **Nokia**, one of the world's largest phone manufacturers, are jointly partnering with SSHS to explore how SMS-based data collection thru cell phones can enhance the accuracy and timeliness of financial monitoring and service delivery reporting from the community to the clinic level. Nokia has donated 128 cell phones that have been integrated with the FrontlineSMS software. So far, SSFP has designed the cell-based data capture form and has started reviewing the cost-benefit analysis with the cell-based technology before scale up.

Reckitt Benckiser, a global leader in household and personal care products, has signed an MOU with SSHS for a pilot program in Tangail, to sell soap through CSP's. This intervention falls within the prevention aspect of SSFP's business model. At the same time, sister concern, Dettol, provided Smiling Sun with 7,200 soaps to observe Handwashing Day on October 15, 2009 and also provided Smiling Sun with 15,000 posters, 50 banners and 480 bags for the CSP's.

SpaceRace Limited, a digital infotainment and edutainment firm, has successfully completed a 1-month pilot on the provision of digital content and newsfeed to serve customers in the waiting room of Smiling Sun Clinics. Space Race has also installed Display Solution Unit (DSU) to 18 clinics in Dhaka that show educational campaigns on good health and well-being, stream local television shows, and run the latest national news. An agreement with SpaceRace to split advertising revenue with SSFP is currently under developed.

Third party payers/Work place interventions.

British American Tobacco Bangladesh (BATB) has renewed its agreement with SSFP partnering NGOs -FDSR and PSKS- and continued availing Smiling Sun satellite services for 6,150 families of tobacco growers in six districts until September 2010. SSFP has started negotiating with BATB to provide additional value added services to farmers.

H&M, one of the largest retailers in the world, has completed a survey of 3 factories in Narayanganj jointly with SSFP to identify healthcare needs of garment workers. A special health service package has been designed for factory workers available at 8 Smiling Sun clinics in the area. An awareness training package has also been designed to educate factory management and workers about the usage and benefits of this health package. Following general instructions from USAID regarding special partnerships management, SSFP has approached H&M to change SSHS to SSFP as the signatory counterpart in the service agreement.

Transcom Electronics Limited, the sole retailer of Philips electronic products in Bangladesh, will provide health services to 1,257 families of factory workers and distributors. Transcom in principle agreed to take health services from SSFP. SSFP has designed a special health package for Transcom employees. Final approval is anticipated in the first quarter of year 4.

Donors.

CEMEX, global leader in construction industry, has entered into an MOU with SSFP and contributed \$24,000 to support the construction of a Smiling Sun clinic in the cyclone-affected area of Sharonkhola in Bagherhat. The construction is nearly complete, and the clinic is expected to be fully operational by quarter 1 of year 4.

Chevron Bangladesh Limited will continue supporting the full operations of 3 Smiling Sun clinics in Sylhet through a new agreement directly with SSFP, although NGO SSKS will continue to manage the clinics. Business and financial plans are finalized. Because SSFP is going to be the new signatory of the agreement, a new draft of this document is currently being reviewed by Chevron for finalization and signing.

Dutch Bangla Bank Foundation (DBBF), a sister concern of Dutch Bangla Bank, has donated Taka 190,000 for work on cervical and breast disease. These funds will be used to develop awareness on cervical and breast diseases in Smiling Sun clinic catchment areas. They will also support early detection efforts by financing screening for 1,500 poor women that otherwise would not have access to these services. SSFP has been providing screening services for cervical and breast diseases in 12 clinics in Dhaka, Rajshahi, and Sylhet.

Karnaphuli Fertilizer Company (KAFCO), a 100% export oriented international joint venture company, has entered into an agreement with NGO FDSR and contributed \$160,000 for the full construction of a Smiling Sun clinic in Anowara, Chittagong. KAFCO also intends to contribute to the purchase of equipment at the clinic as part of their CSR effort. The foundation stone of the clinic building was laid

in February by the local Member of Parliament. The construction began at the beginning of July 2010 with completion scheduled for December 2010.

Performance Outcome 3: NGO clinics, satellites, and community workers continue to expand the volume of clientele (especially for key essential service delivery services), coverage of poor clients, and range of services available and quality of care.

i. Expansion of service volume

Maternal health task force. The Maternal Health Task Force introduced an incentive scheme for ANC that was supported by mass media (Cable TV advertisement), posters and leaflets on maternal health. Clinic promotion posters and package prices for clients were developed and rolled out in the participating clinics. These initiatives contributed in the overall increase in the number of ANC service contacts. The approach using mobile phones to track ANC consultations and informing patients about their next visit to augment the ANC coverage was introduced this year. The result of this initiative was promising. SSFP partner NGO PKS in a month called 251 customers by mobile phones to remind them for their ANC follow-up. PKS experienced 100% compliance for those women that were contacted.

In addition, as part of this incentives plan, ANC control cards have been printed and distributed to different NGO clinics to track records of customers. This card will help to verify services received and complete treatments performed.

Child health task force. Child health task force continued monitoring child health performance, and communicated the findings with the project directors. SSFP participated in IMCI annual work plan workshop, and a short program review workshop on child health organized by GoB and development partners. The task force convened two meetings to finalize growth monitoring card, and to collect communication materials on child health from IMCI section of DGHS. The task force took lead to observe NID and Measles Campaign where the Smiling Sun network immunized over 3.2 million children.

Family Planning task force. The Family Planning Task Force (FPTF) held over 10 meetings. The taskforce developed a training manual on LAPM counseling, facilitated five workshops on LAPM counseling for 22 clinics in Sylhet and for six clinics in Chittagong. The taskforce identified and collected BCC material that can be used to inform clients about LAPMs. These materials were pre-tested and finalized for production.

In collaboration with *Mayer Hashi* project of USAID through EngenderHealth, SSFP developed a pool of trainers and service providers that can train and provide LAPM services. Towards the end of the year, SSFP started promoting post-partum family planning, something that Mayer Hashi has agreed to support. During this year SSFP became an active member of the National LAPM Advisory Committee.

TB task force. The TB taskforce (TBTF) through a training needs assessment (TNA) identified training needs for paramedics and medical officers on tuberculosis case management. In order to improve program quality and performance, the taskforce also conducted a mid level management training for field supervisors and a field level management training for TB volunteers, and ensured that lab technicians received

refresher training. The taskforce also led a root cause analysis in six Smiling Sun clinics to identify reasons for the high number of false negative cases reported.

The TB taskforce organized a consultative meeting in Khulna with SSFP NGOs to determine the obstacles to reaching the national TB case detection and treatment targets.

Diagnostic task force. This taskforce collected lab equipment information from NGOs to address the market and program needs identified in the business plans, compiled it, organized it, and finally submitted to the procurement committee for its approval.

Scaling-up partnerships with implementing partners. SSFP signed an MOU with SMC to scale up sales of safe delivery kits and monimix through SSFP CSPs, and to establish a referral network for potential LAPM users and lab customers by linking from Blue Star providers and SSFP clinics.

Equally important is the ongoing collaboration between FHI and SSFP. This partnership was expanded to include five new districts (Comilla, Barisal, Chittagong, Sylhet and Dhaka) with the support of six partnering NGOs (SWV, SSKS, SUPS, Image, Niskriti and CWFD). A consultative meeting was held with FHI Program personnel and Project Directors of the mentioned NGOs to share past experience of the initial pilot intervention. In this meeting challenges and potential opportunities were discussed and a special intervention to address stigma among service providers was planned.

An MOU was also signed with Save the Children-USA to utilize their trained community volunteers in referring customers to SSFP clinics in Barisal. An MOU was signed between BRAC, SSFP and nine NGO partners to start the eighth round of GFATM.

ii. 2. Expansion of client base

Service delivery in new geographic areas. Smiling Sun clinics officially began operations in the Chittagong Hill Tract (CHT) districts with static and satellite clinic services. Between August 30 and September 2 three new clinics in Rangamati, Bandarban and Khagrachori clinics were launched. All the three clinics have formed a static clinic support group each consisting of 11 members, including local government representatives, school teachers, an area councilor, journalists and other local influential people for smooth functioning of operations. Satellite clinics have also started functioning in surrounding localities. Chittagong based NGO FDSR has been running these three clinics.

General client traffic building and clinic service promotion campaigns. Different campaigns were undertaken in year 3 to increase service delivery output. SSFP launched an Antenatal Care (ANC) campaign across Smiling Sun network which started in February 01, 2010. The goal of this campaign was to increase ANC consultations and more assisted deliveries. These activities are encouraging women to have at least four ANC visits, and to the start birth planning process, with family

member's especially their husbands. As part of the campaign, SSFP launched a TV commercial promoting ANC and safe motherhood through local cable networks. To support its child health interventions and to particularly attract caretakers of children with diarrhea, SSFP developed a TV ad that was transmitted in a similar way to the one developed for ANC. During this time SSFP also produced 27 promotional materials on different health issues and organized community based activities such as folk songs, drama and puppet shows

To leverage resources and expand the reach of its communication activities, SSFP entered into partnership with ACME and Reckitt to promote zinc supplementation and hand washing practices. While these directly promote sales in the Smiling Sun clinics (Zinc, soap, CDD services), they also increases sales of partners' products.

Male involvement in birth planning was promoted during the ANC campaign. As previously stated, SSFP has received technical assistance in health communication for services and clinic promotion from Howard Delafield International. Through this technical assistance, a community mobilization guidebook and marketing planning manual was developed.

The new performance incentives scheme was based on a previous intervention performed in the period August-September 2009, which included ANC, CDD and ARI services. A full performance analysis was concluded in December 2009 and published early 2010. About 260,000 additional service contacts were achieved over the baseline period and Tk. 827,050 were distributed among clinic staff (paramedic, counselor, and service promoters). A total of 224 clinics received incentives for at least one service (32 clinics received incentives for all three services while 134 and 58 got incentives for one or two services respectively).

Services	# of Clinics Qualified for Incentives	Service Contact Increases in # of clinics over the base period
CDD	199	237
ANC	57	232
Pneumonia	90	200

Based on this experience, SSFP decided to implement and improved performance-based incentive plan, which was described in the maternal task force section.

Increasing loyalty among SSFP clients. SSFP has an outreach component as part of its community mobilization approach. Clinic advisory and satellite clinic support groups have been restructured by including SSFP clients and leaders of influence and repositioned as a health promoting unit to serve as Surjer Hashi Health Groups. This way they can better act as a bridge between clinics and the communities. The activities of the newly formed groups are centered on loyal customers in the community with active involvement of CSPs under the supervision of service promoters.

iii. Maintenance of quality of care

Auditing Quality of care. One important factor that has contributed to the maintenance and improvement of Smiling Sun quality of care is the fact that a review of the QMS is conducted of every clinic twice a year. These occur in addition to the regular quality monitoring visits (in average once every quarter of four times in a year). QMS and the quality monitoring visits have contributed to the effectiveness of the CLQCs as it allows clinic staff to identify concrete areas for improvement and facilitate measurement of quality improvement or progress. QMS results are published in the SSFP website and regularly presented in the quarterly CQCs. In addition to that, SSFP conducts an external quality audit of the services provided by SSFP clinics.

The fourth round of Quality Monitoring and Supervision (QMS) was conducted at the beginning of this year. An additional element was added this year by including exit interviews to assess customers' opinion on the status of quality of Smiling Sun Clinics. In total over 1,200 customers were interviewed. Almost all (91%) of those interviewed were female; 70% were returning clients. These findings -added to those from an independent survey performed by GTZ, in which 65% of the respondents mentioned that they prefer SSFP because of its quality of care- allow to infer that SSFP enjoys a loyal client base. Sixty-one percent of the customers expressed their satisfaction regarding the improvement in quality of services compared to previous state when s/he visited the clinic.

Results from Exit Interviews

- ANC the most popular services (32%) followed by FP and limited curative care
- 98% said they received the services they came for
- Average waiting time – 17 minutes
- 98% said they felt the service provider spent enough time with them

Basic clinical training. A total 404 service providers were trained in different skills, including MH, CH, FP, other reproductive health, IMCI, and STI/RTI. Clinical trainings equipped the clinical staff with the required knowledge and skills to perform their responsibilities competently and assure the compliance of SSFP standards in the third year of the project. A table summarizing clinical training for service providers has been given in Annex B.

Maintenance and clinic upgrading. During the year total 188 clinics were maintained, this included basic facility enhancement to ensure adequate sanitation facilities, privacy, and application of a standard look seeking to ensure a consistent quality experience for the Smiling Sun clients. During this process almost 90 directional board signs were distributed to make the clinic more visible to the community. To be able to work in so many facilities, SSFP provided support and guidance to all NGOs so they could outsource needed services for clinic maintenance.

Operations and Administration

Property management. During this year, the operations team updated the inventory of SSFP with location and identification number. In addition to that, SSFP conducts a regular half yearly checking and updating of inventory. The operations team disposed some assets after approval from USAID. SSFP continued procuring equipment to expand clinic services, particularly those offered in EmOC facilities.

Cross-cutting issues

Gender. A draft policy outline on Gender was developed emphasizing male partner's involvement during the ANC consultations and family planning. This was also practiced in all clinics throughout the year.

Youth. Service providers' attitude towards youth customers were monitored during routine monitoring visit and followed up throughout the year.

Transparency. SSFP has developed a number of interventions that are intended to improve the capacity of the network to serve its clients better, while simultaneously, denying space for corruption. The continuous strengthening of the in-house audit that voucher examiners perform, the expansion of the web based MIS system, the different mechanisms created to observe quality and the regular clinic visits knit a web of activities that continuously make smaller the space for corruption. SSFP distributed posters and stickers on anti-corruption developed by the PROGATI project to all NGOs and clinics across Smiling Sun network. Several administrative visits were conducted at clinics and NGO HQ level during the year and corrective measures have been implemented when needed. As an example, the contract with Malancha, an NGO working in Jamalpur area, was terminated from the network on contract compliance grounds.

ANNEX A. NGO TRAININGS

Name of the Courses	Phase - 01, Implemented by SSFP	Phase - 02, Implemented by NGO HQ	Phase - 03, Implemented by SS Clinics	
	Total Participant	Total Participant	Total Participant	Total
Management Training				
Refreshers Training on Smiling Sun Program Management and Operations	110	1235		1345
Orientation on Smiling Sun Program Management and Operations			3806	3806
<i>Sub Total</i>				5151
Financial Procurement, Inventory and Logistic Management Training				
Refreshers Training on Financial, Procurement, Inventory and Logistic Management	82	538	NA	620
<i>Sub Total</i>				620
Total	192	1773	3806	5771

ANNEX B: CLINICAL TRAININGS

Name of training	Duration	Trainees	Number of Participants (Core Training Group)	
Child Health:				
Facility IMCI	11 days	All Medical Officers and all Paramedics of each clinic	Medical Officers: 21	Paramedics: 74
TOT on Community-IMCI	6 days	At least one Paramedic and one Service Promoter of each SS clinic	Paramedics: 11	Service Promoter: 09
Cascading training on Essential Newborn Care	1 days	Community service providers of Smiling Sun network.	CSPs: 5565	
Family Panning:				
Family Planning Clinical Services Course	12 days	All Paramedic of each SS clinic	Paramedic: 140	
Implant	3 days	At least one Medical Officers and one Paramedic of each Norplant offering SS clinic	Medical Officers: 15	Paramedics: 15
NSV	8 days	At least one Medical Officers and one Paramedic of each NSV offering SS clinic	Medical Officers: 00	Paramedics: 00
Tubectomy	12 days	At least one Medical Officers and one Paramedic of each Tubectomy offering SS clinic	Medical Officers: 00	
Maternal health:				
Other Reproductive Health	6 days	All Paramedic of each SS clinic	Paramedic: 41	
Safe Delivery	21 days	All Medical Office and all Paramedics of Safe Delivery and Home Delivery unit of SS clinic	Medical Officers: 00	Paramedics: 30
Counseling:				
Counselling	3 days	All counsellor of each SS clinic	Counsellor: 41	
Infection Prevention:				
Infection Prevention	3 days	At least one Clinic Aid of each SS clinic		Clinic Aids: 73

ANNEX C. PROGRAM INDICATORS

Result	Source	#	Indicator	Baseline	Year 1 Target	Year 1 Ach.	Year 2 Target	Year 2 Ach.	Year 3 Target	Year 3 Ach.	Year 4 Target
Program Component 1	OP	1	Couple-years of protection (CYP) in USG-supported programs (in millions of couple-years)	0.90	0.97	1.24	1.29	1.41	1.42	1.4	1.44
	OP	2	Number of people trained in FP/RH with USG funds	166	TBD	1,049	2,221	6,637	303	300	200
	OP	3	Number of counseling visits for Family Planning/Reproductive Health as a result of USG assistance (in millions of visits)	1.65	1.73	1.88	1.98	2.11	2.12	2.54	2.60
	OP	4 ¹	Number of people that have seen or heard a specific USG-supported FP/RH message (in millions of people)	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable
	OP	5	Number of policies or guidelines developed or changed with USG assistance to improve access to and use of FP/RH services	0	4	6	15	6	8	2	TBD
	OP	6	Number of new approaches successfully introduced through USG-supported programs	0	1	5	9	5	8	5	TBD
	OP	7	Number of USG-assisted service delivery points providing FP counseling or service	15,201	15,368	14,954	15,400	14,954	15,400	15,413	15,500

¹ We can avoid this indicator since it is costly to get the number.

Result	Source	#	Indicator	Baseline	Year 1 Target	Year 1 Ach.	Year 2 Target	Year 2 Ach.	Year 3 Target	Year 3 Ach.	Year 4 Target
	OP	8	Amount of in-country public and private financial resources leveraged by USG programs for FP/RH (in millions of US dollars)	4.97	5.02	5.00	5.02	5.00	5.27	5.29	5.30
	OP	9 ²	Number of service delivery points reporting stock-outs of any contraceptive commodity offered by the SDP	205	Not applicable	234 (175 for Norplant)	Not applicable	234 (175 for Norplant)	Not applicable	312 (181 for Norplant)	Not applicable
	OP	10	Number of medical and paramedical practitioners trained in evidence-based clinical guidelines	24	TBD	101	900	101	419	359	TBD
Program Components 2 and 4	OP	11	Number of postpartum/newborn visits within 3 days of birth in USG-assisted programs	8,000	8,400	12,714	13,985	15,094	15,383	22,431	23,000
	OP	12	Number of antenatal care (ANC) visits by skilled providers from USG-assisted facilities (in millions of visits)	1.17	1.19	1.00	1.20	1.00	1.17	1.210	1.22
	OP	13	Number of people trained in maternal/newborn health through USG-supported programs	86	TBD	1,028	3,079	1,028	5,566	5,500	400
	OP	14	Number of deliveries with a skilled birth attendant (SBA) in USG-assisted programs	8,000	8,400	12,714	13,985	12,714	15,383	22,423	23,000
	OP	15	Number of people trained in child health and nutrition through USG-supported health area programs	2,549	TBD	971	8,055	971	120	115	200

² SSFP has no control over the distribution of contraceptive commodities. We will report this data but will not set targets.

Result	Source	#	Indicator	Baseline	Year 1 Target	Year 1 Ach.	Year 2 Target	Year 2 Ach.	Year 3 Target	Year 3 Ach.	Year 4 Target
	OP	16	Number of women receiving Active Management of the Third Stage of Labor (AMSTL) through USG-supported programs	NA	6,132	9,280	10,209	9,280	11,230	16,704	17,000
	OP	17 ³	Number of infant receiving antibiotic treatment for infection from appropriate health workers through USG-supported programs	TBD	TBD	66,146	68,500	66,146	68,800	87,183	68,900
	OP	18	Number of newborns receiving essential newborn care through USG-assisted programs	8,000	8,400	12,714	13,985	15,094	15,383	22,423	23,000

	OP	19	Number of cases of child (< 5 yrs) pneumonia treated with antibiotics by trained facility or community health workers in USG-supported programs	161,585	169,664	144,582	170,000	120,971	161,585	189,518	195,000
	OP	20	Number of children less than 12 months of age who received DPT3 from USG-supported programs	289,801	295,597	271,550	296,000	259,286	289,801	307,875	300,000
	OP	21	Number of children under 5 years of age who received vitamin A from USG-supported programs	351,648	369,230	233,355	369,230	1,465,954	351,648	2,990,398	2,000,000*
	OP	22	Number of cases of child (< 5 yrs) diarrhea treated in USAID-assisted programs (in millions of cases)	1.98	2.07	1.71	2.08	1.643	1.98	2.09	2.10
	OP	23	Number of health facilities	0	25	26	TBD	115	202 ⁴	187	TBD

³ Newborn infants defined as less than one year of age.

⁴ This was associated with the clinic conversion. Now we are going to do only clinic maintenance.

			rehabilitated								
	OP	24	Number of people covered with USG-supported health financing arrangements (in millions of people)	7.18	7.99	7.30	8.29	7.33	8.61	12.37	8.94
	OP	25	Number of USG-assisted service delivery points experiencing stock- outs of specific tracer drugs	NA	0	0	0	20	0	54	0
	OP	26	USG-assisted facilities' provide staff with a written performance appraisal	100%	100%	100%	100%	100%	100%	100%	100%
	OP	27	Assessment of USG-assisted clinic facilities compliance with clinical standards	100%	100%	100%	100%	100%	100%	100%	100%
Program Component	OP	28	Case notification rate in new sputum smear positive pulmonary TB cases in USG-supported areas	TBD	71	72	72	79	78	115	115
	OP	29	Number of people trained in DOTS with USG funding	44	TBD	17	100	111	62	74	TBD
	OP	30	Average population per USG- supported TB microscopy laboratory	71,115	85,000	65,000 (abolished huge slums)	70,000	70,000	70,000	70,000	70,000
	OP	31	Percent of USG-supported laboratories performing TB microscopy with over 95% correct microscopy results	75%	78%	70%	80%	70%	82%	82%	85%
Project Objective		32	Percent of cost recovery	25%	25%	31%	35%	34%	50%	46%	70%
		33	Percent of poor service contacts	26%	27%	27%	28%	25%	29%	31%	30%
Outcome 1		34	Smiling Sun Franchise Manager Established (Milestone Indicator) 1.Franchisor registration complete 2.Management contract signed	0	1,2,3,4,5,6	4,5,6	6,7	2,4,7,8	6,7	6.7	8, 9

			between contractor and franchisor 3. Board of directors and membership council established and meet regularly 4. Franchise systems, operating procedures, and standards developed 5. Franchise service package developed 6. Systems for tracking sub-franchisor compliance with franchise standards implemented 7. Board meetings and management council meetings held 8. Subcontract signed between contractor and franchisor 9. Staff, management, and financial systems are transferred from contractor to franchisor								
Result 1.1		35	Percent of external funds in SSHF budget	0%	5%	Not available	10%	Not Applicable	20%	Not Applicable	30%
Result 1.2		36	Percent of NGOs complying with franchise standards	0%	100%	100%	100%	100%	100%	100%	100%
		37	Percent of NGOs receiving subcontracts from the Franchisor	0%	0%	0%	70%	Not Applicable	85%	Not Applicable	100%
Outcome 2		38	Percent of franchisor's total budget paid by sources other than USAID	25%	30%	Not applicable	45%	Not Applicable	70%	Not Applicable	100%
Result 2.1		39	Cost per service contact (in taka)	21.38	19.60	20.11	20.45	22.90	30.00	24.03	TBD
Result 2.2		40	Percent of NGOs paying franchise fees from non-USAID sources	0%	0%	0%	30%	Not Applicable	75%	Not Applicable	100%
Outcome 3		41	Total number of clinics (maxi, ultra, vital and mini; targets set by static and satellite)	319 8,516	335 8,666	319 8,508	319 8,516	320 8,545	319 8,516	323 8,670	319 8,516

Result 3.1		42	Percent of service contacts by franchise option	NA	NA	Vital- 89% Ultra- 11%	Vital- 90% Ultra- 10%	Vital- 90% Ultra- 10%	Vital- 90% Ultra- 10%	Vital- 90% Ultra- 10%	TBD
Result 3.2		43 ⁵	Total service contacts (in millions)	27.6	29.5	27.2	29.6	28.5	29.7	40.26	29.8
Result 3.3		44 ⁶	Average composite quality monitoring system scores for clinics	NA	TBD	86 (score given by NGOs)	TBD	Not Available	TBD	90	TBD
		45	Number of clinics with a QMS in place	319	836	638	957	640	957	1,285	957
Program Support	OP	46	Number of monitoring plans prepared by the USG	1	1	2	1	63	1		1
	OP	47	Number of institutions with improved Management Information Systems as a result of USG-assistance	0	30	29	29	29	29	28	28
	OP	48	Number of institutions that have used USG-assisted MIS system information to inform administrative/management decisions	0	55	32	162	32	349	351	TBD
	OP	49	Number of people trained in monitoring and evaluation with USG-assistance	0	55	61	150	226	290	290	TBD
	OP	50	Number of people trained in strategic information management with USG assistance	0	165	212	670	313	290	290	TBD
	OP	51	Number of information gathering or research activities conducted by the USG	NA	0	3	5	7	4		1

⁵ This indicator is defined differently than under NSDP. This indicator is based on all service-contacts; that is, ESD service-contacts plus other service-contacts.

⁶ We intend to report findings of an external auditor, not NGO self-reporting as was reported by NSDP. Therefore, no data exists. The first external audit will become the baseline and targets will be set thereafter.